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Application Number	10/530,409
Filing Date	2-Aug-2005
First Named Inventor	Anders Møllstam
Title	Medical Indication Device and Method
Art Unit	2876
Examiner Name	Savudsiphol, Paul/Tep
Attorney Docket Number	S-1051-3

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

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I am the:

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☐ Assignee of record of the entire interest. See 37 CFR 3.71.

☐ Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on _____.

SIGNATURE of Applicant or Assignee of Record

Signature

Anders Møllstam

Date

June 27, 2009

Name

Anders Møllstam

Telephone

Title and Company

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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